

MEDICAL EVALUATION BOARD PROCEEDINGS					MEDICAL TREATMENT FACILITY			DATE (YYYYMMDD)			
For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.											
1. NAME (Last, First, MI)			2. GRADE		3. SSN		4. COMPONENT				
5. DEPARTMENT			6. SEX	7. DATE OF BIRTH		8. ORGANIZATION					
9. TOTAL YEARS OF MILITARY SERVICE			10. DATE ENTERED CURRENT TOUR OF ACTIVE DUTY (YYYYMMDD)			11. MILITARY OCCUPATIONAL SPECIALTY (include code)					
a. ACTIVE		b. INACTIVE									
ACTION BY THE BOARD BY DIRECTION OF THE APPOINTING AUTHORITY, THE BOARD CONVENED TO EVALUATE THE PATIENT IDENTIFIED ABOVE											
12. The patient <input type="checkbox"/> did <input type="checkbox"/> did not present views in own behalf. (When presented, attach a summary of the patient's comments to the report) Click here for initials:											
13. DIAGNOSIS											
AFTER CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, AND PHYSICAL EXAMINATION, THE BOARD FINDS THAT THE PATIENT HAS THE FOLLOWING MEDICAL CONDITIONS/DEFECTS. LIST ALL DIAGNOSIS. USE JOINT ARMED FORCES TERMINOLOGY AND DIAGNOSTIC CODE(S). <div style="text-align: center;">a</div>					APPROXIMATE DATE OF ORIGIN <div style="text-align: center;">b</div>	INCURRED WHILE ENTITLED TO BASE PAY c		EXISTED PRIOR TO SERVICE d		PERMANENTLY AGGRAVATED BY SERVICE e	
						YES	NO	YES	NO	YES	NO
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The board recommends that the patient be: <input type="checkbox"/> Returned to duty <input type="checkbox"/> Returned to duty with the following limitations:					<input type="checkbox"/> Referred to a Physical Evaluation Board (PEB) <input type="checkbox"/> Other (specify)						

15. The patient <input type="checkbox"/> does <input type="checkbox"/> does not desire to continue on active duty under AR 635-40. <i>(Complete only when patient is referred to PEB)</i> <div style="text-align: right;">Click here for initials:</div>		
16. Continuance on active duty under provisions of AR 635-40 <input type="checkbox"/> is <input type="checkbox"/> is not medically contraindicated. <i>(Complete when answer to item 15 is affirmative)</i> Enter assignment limitations in Item 30. <div style="text-align: right;">Click here for initials:</div>		
17. TYPED NAME AND GRADE OF PHYSICIAN	SIGNATURE	
18. TYPED NAME AND GRADE OF PHYSICIAN	SIGNATURE	
19. TYPED NAME AND GRADE OF PHYSICIAN	SIGNATURE	
ACTION BY THE APPROVING AUTHORITY		
20. <input type="checkbox"/> The findings and recommendation of the board are approved. 21. <input type="checkbox"/> The report of the board is returned for reconsideration. 22. <input type="checkbox"/> The report of the board is forwarded to: _____ Comments are attached as inclosure		
23. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE (YYYYMMDD)
ACTION BY PATIENT		
24. I have been informed of the approved findings and recommendation of the board. <div style="text-align: right;">Click here for initials:</div> <input type="checkbox"/> I agree with the board's findings and recommendation. <input type="checkbox"/> I do not agree with the board's findings and recommendation. My appeal is attached as inclosure		
25. TYPED NAME, GRADE AND SSN	SIGNATURE	DATE (YYYYMMDD)
FURTHER ACTION BY APPROVING AUTHORITY		
26. <input type="checkbox"/> The appeal has been considered and the original findings and recommendation are confirmed. 27. <input type="checkbox"/> The appeal has been considered and the report of the board is returned for reconsideration. Attach further action as inclosure 28. <input type="checkbox"/> The appeal has been considered and the report of the board is forwarded to: _____ Comments are attached as Enclosure		
29. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE (YYYYMMDD)
30. CONTINUATION <i>(Identify by item number)</i> TRANSITION POINT:		

[illegible]

APD LC v3.03ES